Indiana State Department of Health (ISDH)

TB TID-BITS

Indiana State Department of Health

TB Newsletter
Volume 7 Issue 3
November 2015

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All links in this electronic newsletter are live.

Press Ctrl + Left click on the links to access the websites.

Feedback from TB Regional Meetings

Thanks to everyone who attended one of the Regional TB Meetings. We had 33 participants in Spencer and 25 in Angola. We want you to know that we take your feedback seriously, and we will definitely be keeping your comments in mind as we plan next year's meeting. The most common comments we received were along the following lines:

- "The overall facility and location was nice. The information was great. I hope it will be repeated for others. Thank you. Also enjoy case studies" [Thank you!]
- "It is always nice to have access to the powerpoint presentations prior to the conference so that if we want we can print them out ahead of time and make our notes on them rather than trying to match our notes up with the slides after the presentation. Speakers were so excellent & so knowledgeable." [Good point. You should all have received the slides by now. If not, please call Lori at 317.233.7434 and she'll get them to you.]
- "Prefer more speaking from various speakers. Dr. Allen would have been nice." [Good input. Dr. Allen is a great speaker.]

We also received some great ideas for information to cover in future meetings:

- "How to differentiate on CXR reports old vs. new TB" [True. It's helpful to know that an infiltrate is more urgent than a calcified granuloma :)]
- "How to obtain community resources to evaluate & treat B1, 2,3s." [Good idea—would also be helpful for other vulnerable populations.]
- "Special considerations and tips for giving meds to young children" [This one and the previous idea would be great ideas for panel discussions.]
- "Review an actual 'big' contact investigation (step by step). Invite a TB patient to speak for a couple hours." [Both good ideas! Something to think about for sure.]
- "MDR-TB, Co-morbidities, managing side effects of meds" [More and more great ideas!]

Thanks again to everyone who participated in the meetings this year. We know you have to juggle a lot during the fall and we are grateful that you chose to spend a day and half with us! As we move into 2016, if you have any ideas for next year's Regional TB meetings, please don't hesitate to let us know. Yes, the meetings are planned by us, but they are FOR you.

Nov / Dec Hours at the ISDH Lab

Unfortunately, TB doesn't stop for the holidays. If you need to collect and send sputum samples, please note that the lab is CLOSED on the following days.

November 26th and 27th

December 24th and 25th

January 1st

Nov / Dec Hours at Purdue University Pharmacy

`Tis the season to be BUSY! BUSY! BUSY!

Please note the following changes in Purdue University Pharmacy's hours:

November 26th and 27th – **CLOSED**
December 24th & 25th – **CLOSED**
December 28th, 29th and 30th - **LIMITED AVAILABILITY**- a pharmacist will be available via phone **ONLY** from 1p.m. to 4:30 p.m. to process TB requests.
December 31st & January 1st – **CLOSED**

EARLY REFILL REQUESTS ARE WELCOME!

The pharmacist will also be available via email for **EMERGENCIES** @ nlnoel@purdue.edu

Updates from Refugee Health

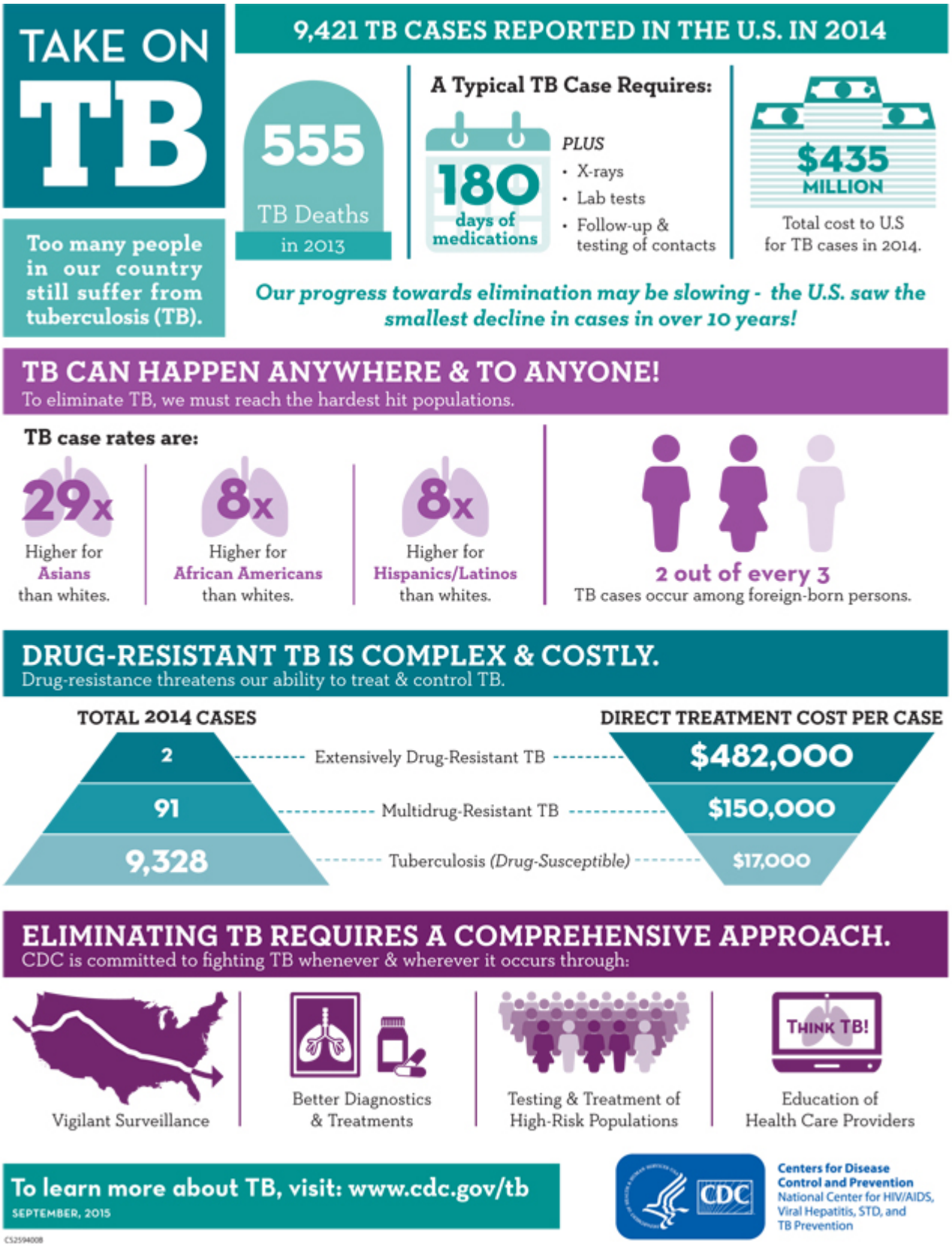
In Federal Fiscal Year 2015:

- Indiana resettled 1781 Primary Refugees, Asylees, Parolees and Secondary Refugees.
- The Office of Refugee Resettlement mandates that all newly arrived refugees be medically screened within 30 days of arrival to the United States. 83% of newly arrived refugees in Indiana were screened within that time period.
- The top health care referrals for refugees were primary care, dental health, pediatrics and vision care.

For Federal Fiscal Year 2016:

- We are expecting 1735 refugees to arrive in Indiana, with the majority resettling in Marion County. Allen County is expected to receive less than 20% of the total.

From CDC


TAKE ON TB
Too many people in our country still suffer from tuberculosis (TB).
9,421 TB CASES REPORTED IN THE U.S. IN 2014
555
TB Deaths
in 2013
A Typical TB Case Requires:
180
days of medications
PLUS
• X-rays
• Lab tests
• Follow-up & testing of contacts
$435
MILLION
Total cost to U.S for TB cases in 2014.
Our progress towards elimination may be slowing - the U.S. saw the smallest decline in cases in over 10 years!
TB CAN HAPPEN ANYWHERE & TO ANYONE!
To eliminate TB, we must reach the hardest hit populations.
TB case rates are:
29x
Higher for Asians than whites.
8x
Higher for African Americans than whites.
8x
Higher for Hispanics/Latinos than whites.
2 out of every 3
TB cases occur among foreign-born persons.
DRUG-RESISTANT TB IS COMPLEX & COSTLY.
Drug-resistance threatens our ability to treat & control TB.
TOTAL 2014 CASES
DIRECT TREATMENT COST PER CASE
2
Extensively Drug-Resistant TB
$482,000
91
Multidrug-Resistant TB
$150,000
9,328
Tuberculosis (Drug-Susceptible)
$17,000
ELIMINATING TB REQUIRES A COMPREHENSIVE APPROACH.
CDC is committed to fighting TB whenever & wherever it occurs through:
Vigilant Surveillance
Better Diagnostics & Treatments
Testing & Treatment of High-Risk Populations
THINK TB!
Education of Health Care Providers
To learn more about TB, visit: www.cdc.gov/tb
SEPTEMBER, 2015
CS259400B
CDC
Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

TB CONTROL/REFUGEE HEALTH ONLINE

http://www.TB.in.gov

State of Indiana
TB Control Program

2 North Meridian Street
Indianapolis, IN 46204
Phone: 317-233-7434

Fax: 317-233-7747

Website:
http://www.TB.In.gov

E-mail: tbcontrol@isdh.in.gov

Multi-Drug Resistant (MDR) TB

Sometimes it seems like those of us who work in Public Health, especially in TB Control, are the only ones who know that TB is still alive and well in this world...until there's a hugely infectious case or outbreak and people get excited for a few weeks or months. And that's just with a run of the mill pan-sensitive case of TB. The roar is even louder if it's a case of MDR-TB. With the increase of MDR-TB in the world, and therefore the United States, it is important that TB programs have guidance in place specific to dealing with a case of MDR-TB. This year President Obama initiated the development of a **U.S. Government *National Action Plan for Combating Multidrug-Resistant Tuberculosis***, expected to be released in Autumn 2015. Advocates for TB care and prevention have widely applauded the move.

The National Action Plan for Combating MDR-TB will be a companion document to the National Action Plan for Combating Antibiotic-Resistant Bacteria. The plan identifies critical actions the U.S. Government will take over a 3–5 year period to achieve specific targets to tackle MDR-TB. The plan will guide U.S. Government activities designed to address domestic, international, science, technology, and research and development needs.

Thank You For Your Patience

Interviews are ongoing to fill the Regional TB Nurse Consultant position left vacant when Dawn resigned earlier this fall. Kudos to Joy and Jill for covering the entire state while the interview process goes on. Kudos also to everyone at ISDH for pitching in when extra help is needed. And Kudos to you for being understanding during this time of transition.

ISDH TB Control/Refugee Health Staff

Sarah Burkholder—Director

Midia Fulano—Chief Nurse Consultant

Joy Hardacre—TB Regional Nurse Consultant (field)

Open Position—TB Regional Nurse Consultant (field)

Jill Brock—TB Regional Nurse Consultant (field)

Lori Mathews—Administrative Assistant

Kelly Richardson—Epidemiologist

Swamy Buddha—IT Developer

Ibrahim Dandakoye—Refugee Health Coordinator

Cynthia Hirons—Refugee Program Support Specialist

Himaja Guduri—ITARA (Refugee database) Developer

Barbara Weber-White—Health Education (very part time)

Helen Townsend—Health Education (very part time)

http://www.cap-tb.org/event/world-tb-day-2015